

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5.99)

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|--|---|--|---|
| 1. CIR/DIST./DIV. CODE CANSJ | 2. PERSON REPRESENTED NGUYEN, JIMMY | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | 4. DIST. DKT./DEP. NUMBER CR-07-00289-RMW | 5. APPEALS DKT./DEF. NUMBER | 6. OTHER DKT. NUMBER |
| 7. IN CASE/MATTER OF (Case Name) U.S. V. NGUYEN, ET AL. | 8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other... <input type="checkbox"/> Appeal | 9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Appellant | 10. REPRESENTATION TYPE (See Instructions) CC |
| 11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 21:846, 841(b)(1)(c) | | | |

12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix).
AND MAILING ADDRESSROBERT E. CAREY
P.O. BOX 1040
PALO ALTO CA 94302

Telephone Number 650-328-5510

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per
Instructions.)**FILED**RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

13. COURT ORDER

- O Appointing Counsel C Co-counsel
 F Subs For Federal Defender R Sub for Remained Atty.
 P Subs for Panel Attorney Y Standby Counsel

Prior Attorney's Name:

Appointment Date:

Because the above-named person represented has testified under 0416 or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

 Other (See Instructions)

Mag. Judge Trumbull

Signature Of Presiding Judicial Officer or By Order Of The Court

10/11/07

9/26/2007

Date of Order

Non-Pro-Tine Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO

| CATEGORIES (Indicate itemization of services with dates) | | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH ADJUSTED HOURS | MATH/TECH ADJUSTED AMOUNT | ADDITIONAL REVIEW |
|--|---|---|----------------------|--------------------------|---------------------------|-------------------|
| 15. In Court | a. Arraignment And/or Plea b. Bail And Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify On Additional Sheets) | | | | | |
| | (RATE PER HOUR =) TOTALS: | | | | | |
| 16. Out Of Court | a. Interview and conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) | | | | | |
| | (RATE PER HOUR =) TOTALS: | | | | | |
| 17. | Travel Expenses (Lodging, parking, meals, mileage, etc.) | | | | | |
| 18. | Other Expenses (other than expert, transcripts, etc.) | | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | | | | | |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____ | | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | | 21. CASE DISPOSITION | | |

22. CLAIM STATUS

 Final Payment Interim Payment Number Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO
 Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.
 I swear or affirm the truth or correctness of the above statements.

Signature Of Attorney _____

Date _____

| | | | | |
|--|------------------------|---------------------|--------------------|---------------------------|
| 22. IN COURT COMP. | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOT. AMT. APPR./CERT. |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER | | DATE | | 28A. JUDGE/MAG CODE |
| 29. IN COURT COMP. | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount | | DATE | | 34A. JUDGE CODE |